

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/526865**

FILING DATE

APPLICANT(S)

**2/28/06**

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		2		2		
11		2		2		
12		1		2		
13		1		1		
14		1		1		
15		1		1		
16		4		4		
17		4		4		
18		1		4		
19		1		1		
20		1		1		
21				2		
22				4		
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	27	←		←		←
TOTAL CLAIMS	28					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						